

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>09/410504</i>	FILING DATE <i>10-01-99</i>
								APPLICANT(S)	
CLAIMS									
1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.
2							52		
3							53		
4							54		
5							55		
6							56		
7							57		
8							58		
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39							89		
40							90		
41							91		
42							92		
43							93		
44							94		
45							95		
46							96		
47							97		
48							98		
49							99		
50							100		
TOTAL IND.	4						TOTAL IND.		
TOTAL DEP.	38	↓	↓	↓	↓	↓	TOTAL DEP.		
TOTAL CLAIMS	42						TOTAL CLAIMS		

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